

## California Resident Income Tax Return 2005

FORM

540 2EZ C1 Side 1

Place label here or print  Name and Address	Your first name	0033	0034	Initial	0031	Last name	0035	0036	0015		0025	P
	If joint return, spouse's first name	0030	0043	Initial	0032	Last name	0045	0046	0022			AC
	Number and street, PO Box, or rural route	0040	0044	Initial	0042							A
	City, town, or post office	0050	0052									R
		0056	0057				0058	0059	-			RP
SSN or ITIN	Your SSN or ITIN		0048		Spouse's SSN or ITIN		-0020		<b>IMPORTANT:</b> Your SSN or ITIN is required.			
Prior Name	If you filed your 2004 tax return under a different last name, write the last name only from the 2004 tax return. Taxpayer 0067 Spouse 0069											

**Filing Status** **Filing Status.** Fill in the circle for your filing status. See instructions, page 6.

Fill in only one.

- 0065
- 1 ☐ Single
- 2 ☐ Married filing jointly (even if only one spouse had income)
- 4 ☐ Head of household. STOP! See instructions, page 6.
- 5 ☐ Qualifying widow(er) with dependent child. Year spouse died 0080

Exemptions	6	If another person can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, you <b>must</b> see the instructions page 6. ....	0085	6	<input type="radio"/>	
	7	Senior: If you (or your spouse, if married) are 65 or older, enter 1; if both, enter 2 ....	0100	7	<input type="checkbox"/>	
	8	Number of dependents. Enter name and relationship ( <b>Do not include yourself or your spouse</b> )	0135	8	<input type="checkbox"/>	
Dependent Exemptions	*0105 +0107		0110	0112	0115	0117

**Taxable Income and Credits**

Enclose, but do not staple, any payment.

9	Total wages (federal Form W-2, box 16 or CA Sch W-2, box 16). See instructions, page 7 .....	9	0200	00
10	Total interest income (Form 1099-INT, box 1). See instructions, page 7 ....	10	0202	00
11	Total dividend income (Form 1099-DIV, box 1). See instructions, page 7 ...	11	0203	00
12	Total pensions 0201 See instructions, page 7. Taxable amount. ..	12	0204	00
13	Unemployment compensation .....	13	0209	00
14	U.S. social security or railroad retirement ...	14	0211	00
15	Add line 9, line 10, line 11, and line 12. <b>Caution: Do not include line 13 and line 14.</b> .....	15	0225	00
16	Using the 2EZ Table for your filing status, enter the tax for the amount on line 15. . <b>Caution:</b> If you filled in the circle on line 6, STOP. See instructions, page 7, Dependent Tax Worksheet.	16	0250	00
17	Senior Exemption: See instructions on page 7. If you are 65 and entered 1 in the box on line 7, enter \$87. If you entered 2 in the box on line 7, enter \$174 ....	17	0101	00
18	Nonrefundable renter's credit. See instructions, page 8 .....	18	0327	00
19	Add line 17 and line 18 .....	19	0328	00
20	Subtract line 19 from line 16. If zero or less, enter -0- .....	20	0355	00

Your name \_\_\_\_\_ Your SSN or ITIN: \_\_\_\_\_

**Overpaid  
Tax/ Tax Due**

**21** Total tax withheld (federal Form W-2, box 17 or CA Sch W-2, box 17 and/or Form 1099-R, box 10) ..... **21** 0360 00

"Attach a copy of your Form(s) W-2 or complete CA Sch W-2"

**22** Overpaid tax. If line 21 is more than line 20, subtract line 20 from line 21 .... **22** 0390 00

**23** Tax due. If line 21 is less than line 20, subtract line 21 from line 20. See instructions, page 8 ..... **23** 0395 00

**Use Tax**

**24** Use tax. **This is not a total line.** See instructions, page 9 ..... **24** 0398 00

**Contributions**

Voluntary Contributions. ....	Code	Amount
California Seniors Special Fund. See instructions, page 10 .....	● <b>52</b>	<u>0400</u> 00
Alzheimer's Disease/Related Disorders Fund .....	● <b>53</b>	<u>0405</u> 00
California Fund for Senior Citizens .....	● <b>54</b>	<u>0410</u> 00
Rare and Endangered Species Preservation Program .....	● <b>55</b>	<u>0415</u> 00
State Children's Trust Fund for the Prevention of Child Abuse .....	● <b>56</b>	<u>0420</u> 00
California Breast Cancer Research Fund .....	● <b>57</b>	<u>0425</u> 00
California Firefighters' Memorial Fund .....	● <b>58</b>	<u>0431</u> 00
Emergency Food Assistance Program Fund .....	● <b>59</b>	<u>0435</u> 00
California Peace Officer Memorial Foundation Fund .....	● <b>60</b>	<u>0436</u> 00
California Military Family Relief Fund .....	● <b>63</b>	<u>0442</u> 00
California Prostate Cancer Research Fund .....	● <b>64</b>	<u>0443</u> 00
Veterans' Quality of Life Fund .....	● <b>65</b>	<u>0444</u> 00
California Sexual Violence Victim Services Fund .....	● <b>66</b>	<u>0445</u> 00
California Colorectal Cancer Prevention Fund .....	● <b>67</b>	<u>0446</u> 00

**25** Add line 52 through line 67. These are your total contributions ..... **25** 0450 00

**Refund or  
Amount You  
Owe**

**26 REFUND or NO AMOUNT DUE.** Subtract line 24 and line 25 from line 22. If line 22 is less than line 24 and line 25, enter the difference on line 27.

See instructions, page 11. Mail to:

**FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002.** .... **26** 0460 00

**27 AMOUNT YOU OWE.** Add line 23, line 24, and line 25.

See instructions, page 11. Mail to:

**FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** .... **27** 0465 00

**Pay online – Go to our Website at [www.ftb.ca.gov](http://www.ftb.ca.gov)**

**Get Your Refund Faster with Direct Deposit**

**0466 0467**  
**0468 0478**

Do not attach a voided check or a deposit slip. See instructions, page 11.

Fill in the boxes to have your refund directly deposited. Routing number ... ● 0700

**Direct  
Deposit  
(Refund Only)**

Account Type: Checking ● 0710 Savings ● 0720

Account number ..... ● 0730

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information on this return is true, correct, and complete.

3

**Sign Here**

It is unlawful to forge a spouse's signature.

Joint return? See instructions, page 12.

**0550** Your signature **0560** Spouse's signature (if filing jointly, both must sign) Daytime phone number (optional) ( ) 0479

X **0545** **0570** X **0580** Date \_\_\_\_\_ Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

**0600** Firm's name (or yours if self-employed) Firm's address Paid Preparer's SSN/PTIN **0605**

**0610 0615 0620 0625 0630** FEIN **0607**